

PATENTS

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Todd R. Ruhbusch

Serial No.: 10/622,925

Filed: July 17, 2003

For: RECLOSABLE CONTAINER WITH
AUTOMATIC CLOSURE SYSTEM

Examiner: Elkins, Gary E.

Art Unit: 3727

PETITION FOR EXTENSION OF RESPONSE TIME
SUBMISSION OF EXTENSION FEE
FOR ONE MONTH EXTENSION

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicants petition the Commissioner of Patents and Trademarks to extend the time for response to the Office Action dated October 5, 2004, for one month from January 5, 2005, to February 5, 2005.

The Commissioner is hereby authorized to charge Deposit Account No. 09-0528 in the amount of \$120.00 to cover the extension fee.

Respectfully submitted

2/4/05
Date

Kat Quinalty
Keats A. Quinalty
Registration No. 46,426

CUSTOMER NUMBER 26158
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R029 33271

02/09/2005 HDEMESS1 00000057 090528 10622925

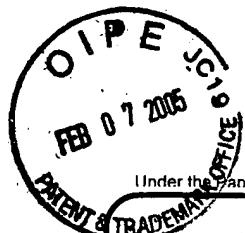
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Certificate of Mailing

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on:

February 5, 2005
Cheryl West



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) \$120.00

Complete if Known

| | |
|----------------------|------------------|
| Application Number | 10/622,925 |
| Filing Date | 07/17/2003 |
| First Named Inventor | Todd R. Ruhbusch |
| Examiner Name | Elkins, Gary E. |
| Art Unit | 3727 |
| Attorney Docket No. | R029 33271 |

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number: 09-0528 Deposit Account Name: Womble Carlyle Sandridge & Rice, PLLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES**Fee Description**

| | Fee (\$) | Small Entity Fee (\$) |
|--|----------|-----------------------|
| Each claim over 20 (including Reissues) | 50 | 25 |
| Each independent claim over 3 (including Reissues) | 200 | 100 |
| Multiple dependent claims | 360 | 180 |

| | | | |
|----------------------------------|---------------------|-----------------|----------------------|
| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
| <u>14</u> - 20 or HP = <u>20</u> | x | <u>50</u> | = |

HP = highest number of total claims paid for, if greater than 20.

| | | | |
|-------------------------------|---------------------|-----------------|----------------------|
| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
| <u>1</u> - 3 or HP = <u>3</u> | x | <u>200</u> | = |

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| | | | | |
|---|------------------------|---|-----------------|----------------------|
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
| <u> </u> - 100 = <u> </u> | / 50 = <u> </u> | (round up to a whole number) x <u> </u> | = | <u> </u> |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): One month extension fee**Fees Paid (\$)**

\$120.00

SUBMITTED BY

| | | | |
|-------------------|--------------------------|--|------------------------|
| Signature | <u>Keats A. Quinalty</u> | Registration No. (Attorney/Agent) 46,426 | Telephone 404-879-2423 |
| Name (Print/Type) | Keats A. Quinalty | Date | <u>2/4/05</u> |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.